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OHNAI OCTOBER 2019 NEWSLETTER

**A REPORT ON THE FOHNEU
INTERNATIONAL CONGRESS**

**AN ORGANISATIONAL
APPROACH TO
WORKPLACE
WELLBEING**

GDPR COMPARISON

**COUNTERFEIT
MEDICINES
& TRAVEL**



President's Address

Dear members,

It was lovely to meet so many of you at our Annual Conference 1st of March in the Aishling Hotel. The day was packed with a variety of presenters sharing a range of empirical, theoretical and medical based presentations. The aim was to provide the audience with a refreshing approach to work and wellness including, eating for health, coaching, sleep, wellbeing, healthy backs and driver fitness, along with some interactive exercises to give that boost of energy. As always we received wonderful support from our sponsors who took time from busy schedules to join us for the day and who also donated generous gifts for the raffle.

We were very interested to know what you thought of the day and many of you completed the evaluation forms provided. Overall, we had very positive feedback about our speakers and choice of topics. We also introduced a short interactive session about sharing good practice. This appears to have been well received and the plan would be to develop this at future conferences. Feedback on the choice of venue and hotel facilities were mostly very positive. As a committee we thank you for all your constructive feedback both on paper and on the day - this helps us learn and improve for future events.

As you all know there are many reasons to attend conferences including those already mentioned above. But also and just as important, are the opportunities to network, to meet speakers for advise, to create connections with fellow practitioners of similar interests(and concerns) and to enjoy the hospitality and refreshments. Sharing also brings improvement and developmental growth in our approach to our practice and to the quality of our care. Already we are working on the next exciting topic for an Occupational Health Study day later this year and we do hope to see you all again soon.

We also asked on whether you would like to see the facebook page change to an 'open' page? In response to your feedback, the facebook page will remain as a 'members only' page.

I would like to say a big thank you to our committee members. We have had some changes over the past months and we said goodbye and a very big thank you for their contribution to the committee, to Liz Twomey, Breege Beirne, Monica Donnelly and Edel Casey.

We also welcome to the committee new members Gabriela Rebreanu and Caroline Kevitt.

Would you also be interested or have you ever considered joining the committee? You can contact any of the current members by emailing us at the address below. We would be happy to chat to you about joining as a committee member.

In the past week our OHNAI website has now taken on a new shape. A lot of work has gone into making improvements and you will notice some ongoing changes over the coming months. The old website was in need of updating and a new security system to ensure it was working more efficiently. There is a section that will require a password for members only. We will be sending out information soon.

This year FOHNEU held its annual congress in Budapest in April on Wellbeing – '*Workforce Health = National Wealth*'. The OHNAI sponsored both Daragh Devane and myself to attend. We have written an overview of the conference in the Newsletter and I will continue to put up some interesting links on the Facebook page from time to time.

Your continued support is needed and as your committee we welcome any feedback or suggestions you may have so please feel free to contact us at ohnaireland@gmail.com

Thanks you for your continued support.

Regards,

Ann Colohan - OHNAI President 2019

WORKFORCE HEALTH = NATIONAL WEALTH

7TH FOHNEU INTERNATIONAL CONGRESS

24-26 APRIL 2019 - BUDAPEST, HUNGARY

Ann Colohan - OHNAI President 2019

The Chamber of Hungarian Health care professions welcomed over 140 participants from 28 countries to The Federation of Occupational Health Nurses within the European Union (FOHNEU) Congress, a 3 day event held in Budapest, Hungary in April.

The congress included invited speakers, plenary sessions, and oral and poster presentations from across the global occupational health community. A wide range of topics provided an insight into the economic value of Occupational Health Nursing, education, healthy working environment, management of dangerous substances, preventing diseases and best practice in our Speciality. It was interesting to learn that we have many similarities with other countries when it comes to Occupational Health issues, for example an aging worker population, decline in OHNs, small numbers of doctors and nurses joining OH Speciality, increases in co morbidities in workers and health conditions relating to changing lifestyles to name a few.

FOHNEUs mission is to consolidate and represent the voice of Occupational Health Nursing within the EU in order to promote the Health, Safety and Well being of the European Workforce. The OHNAI is a member of FOHNEU and sponsored 2 members to attend the congress this year. Both Daragh Devane and myself were honoured to attend and provide feedback to members on the variety of topics and

presentations. I would like to share a short summary of the congress and keynote speakers topics that may be of interest to you and your work practice.

Zero harm and Vision Zero – Health and Safety, and Wellbeing at Work

Dr Jukka Takala

Dr Takala, President of ICOH, shared global statistics on work related deaths that showed an increase in cancers, circulatory diseases and respiratory diseases. He cited that insufficient emphasis has been placed on preventative action when it comes to health issues. Workforce is key asset to sustainability.

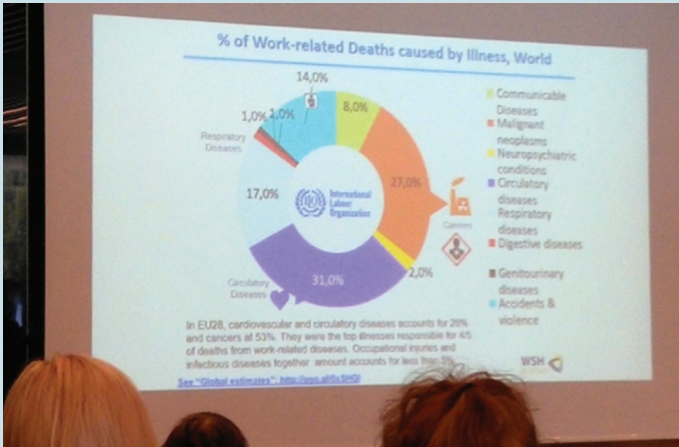
The Official World day for Safety and Health at work was in April and launched a number of world-wide events looking at improving occupational safety and health in the future. The International Labour Organisation which celebrates its 100th anniversary has put together 33 original and exclusive articles from real faces of the OH community. For more information see www.ilo.org/safework/events

(cont. on next page)





Ann Colohan, Dr Jukka Takala, Julie Staun, Daragh Devane



Presentation - Jukka Takala

Building sustainable health workforces and celebrating nursing across the WHO European region

Dr Ledia Lazeri

Dr Lazeri is Head of the World Health Organisation (WHO) Country Office in Hungary and has been involved with WHO since 2000 as a mental health expert. Earlier this year the WHO executive Board designated the year 2020 as 'the year of the Nurse and Midwife' in honour of the 200th birth anniversary of Florence Nightingale. It is expected the WHO will launch 'the State of the worlds nursing report' next year. To find out more go to www.who.int/hrh/new

The Added Value of Occupational Health

Professor Anne Harris

Professor Harris is Course Director of Occupational Health at South Bank University in London. She began her presentation by asking "How do we put health onto an organisations agenda?"

Organisations tend to focus on ensuring statutory requirements are met however, when it comes to providing an occupational health service it is usually based on whether senior management consider it an added value to the business. Dr Harris stressed that OHNs are well placed to demonstrate the organisational benefits of a proactive OH Service emphasising on 'health' in health and safety.

Reference: Occupational Health: The Global Evidence and Value – Society of Occupational Medicine 2018 (available on line)

Occupational Medicine in Hungary

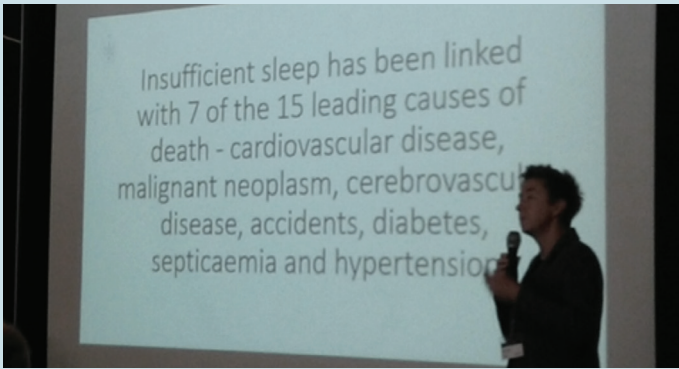
Dr Karoly Cseh

Dr Cseh provided an overview of Occupational Medicine in Hungary. Working in the Institute of Public Health in Budapest he noted a shift from mining related illness to an increased number of health sector related illnesses over the past few decades. In Hungary more than 2300 Occupational Specialists and 2100 OHNs provide basic and specialised OH services to a working population of 4.5 million people.

The Wake up Call

Professor Vicki Culpin

Professor Culpin is Professor of Organisational Behaviour (Ashridge Executive Education) in the UK and specialises in well-being research related to memory and sleep. Her presentation stirred up some questions about our attitudes to alcohol at work and comparing this to sleep deprivation at work. Dr Culpins presentations slides are available on line (www.nwpgmd.nhs.uk) and well worth having a look at, along with her you tube presentations.



Presentation - Vicki Culpin

Working conditions and workers health and wellbeing in the EU

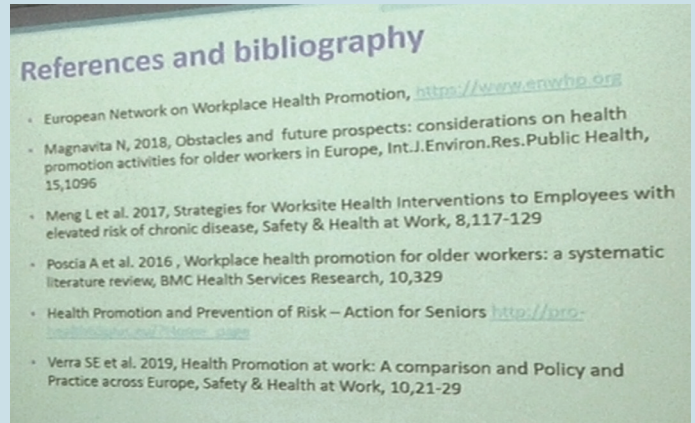
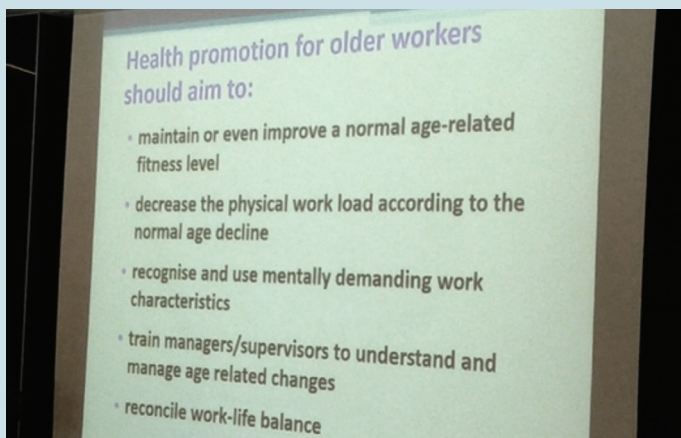
Jorge Cabrita

Mr Cabrita is a research manager for the European Foundation Working Life Unit based in Dublin. He and his team are responsible for formulating coordinating and managing European-wide studies on working conditions and industrial relations across Europe. Recent Eurofound research has examined the associations between working conditions and workers health. The results of this report are now available on line on www.eurofound.europa.eu

Health Promotion for Older workers

Professor Panayota Sourtzi

Professor Sourtzi's presentation looked at the latest evidence on how tailoring health promotion interventions for older workers are more effective and can succeed in sustaining workability. However, due to financial costs and cut backs, the reality is that this is not yet an everyday practice in OH.



Presentation - Professor Sourtzi

Multinational education and research collaboration in occupational Health nursing

Prof Oisaeng Hong

Professor Hong is the Director of Occupational and Environment Health Nursing Studies in San Francisco, USA and has provided leadership in creating international partnerships in education. The National Institute for OH USA, provides funding for graduate education and research training from countries such as Thailand, Taiwan, Brazil and Korea. Professor Hong has been faculty co ordinator and mentor for doctoral students from many parts of the world. At the presentation she shared examples of research projects her students from Brazil recently completed.

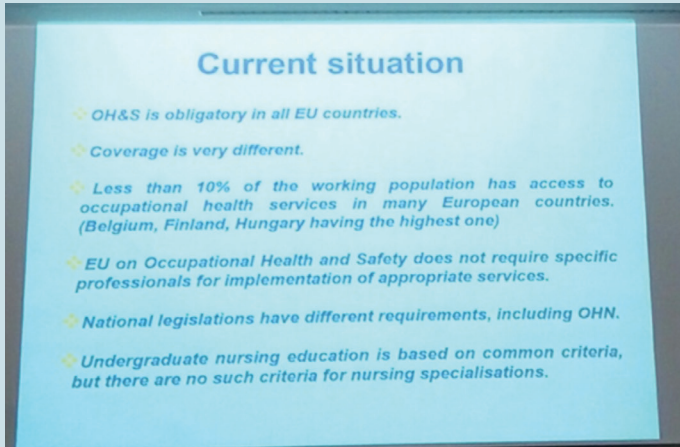
Plenary Sessions

Each day also consisted of parallel sessions (results of various studies, infection prevention, health assessments, intervention programmes, needlestick injuries) from OH practitioners working in private and public organisations, educational, research and medical settings. Presentations also reflected how our approach to health and well-being is constantly evolving and where we once focused on identifying health risks like obesity and lack of exercise we are now focusing on quality of life and wellbeing indicators such as job satisfaction and work life balances and the writings of Dan Buettner – The Blue Zones. It was also great to see Ireland represented at the congress. Rose Curtis delivered an excellent presentation on an 'Organisational approach to occupational health and well-being in

the National Rehabilitation Hospital.

Dr Henriett Hirdi, FOHNEU President presented results of the most recent FOHNEU internal survey which is one of the principal sources of information on occupational health nursing in Europe since 2004.

The aim of the Congress was to encourage sharing experiences and develop new networks and it certainly achieved this. The Congress was well worth attending- keynote speakers were excellent and listening to experiences and practices from our international colleagues was educational and inspiring. Our hosts were excellent in ensuring everything went smoothly and every need was catered for, allowing for many lively discussions and Q&A sessions throughout.



Results

The main duties of the OHNs in Europe

	2004 survey (N=15)	2009 survey (N=11)	2012 survey (N=20)	2018 survey (N=11)
1	Health promotion and health education (10 countries)	Health surveillance & assessment (11 countries)	Health promotion and health education (19 countries)	Health promotion and health education (11 countries)
2	Health surveillance & assessment (10 countries)	Health promotion and health education (10 countries)	Disease and injury prevention (19 countries)	Need more responses from other countries!
3	First aid service (8 countries)	Risk/Workplace assessment (9 countries)	Health surveillance & assessment (18 countries)	
4	Sickness absence management & advice (8 countries)	First aid service (7 countries)	Administrative duties in service (17 countries)	
5	Risk/Workplace assessment (7 countries)	Sickness absence management & advice (5 countries)	Sickness absence management & advice (17 countries)	

Presentation - Dr Henriett Hirdi



First Aid Systems Ltd

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 Unit 2, Glasnevin Business Centre
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AN ORGANISATIONAL APPROACH TO WORKPLACE WELLBEING

NATIONAL REHABILITATION HOSPITAL - NRH, DUBLIN, IRELAND

Rose Curtis - RGN, Dip SHWW, BSC OSH Management, PG Cert Workplace Wellbeing and Health Promotion

At the recent FOHNEU Congress, Rose Curtis delivered her presentation on a multidisciplinary approach to health and wellbeing of staff at the National Rehabilitation Hospital (NRH).

Staff are the number one asset of NRH and staff health and wellbeing is prioritised and supported from Board and Senior Executive Committee through to middle management and junior staff.

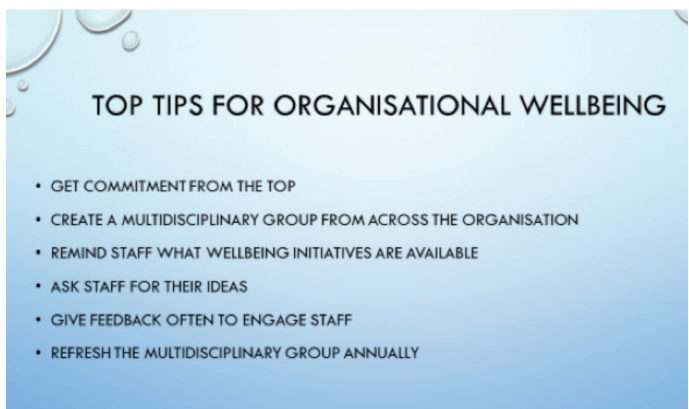


NRH ORGANISATIONAL APPROACH TO WORKPLACE WELLBEING

- 2012 POSITIVE WORKING ENVIRONMENT GROUP (PWEG)
- MULTIDISCIPLINARY GROUP WITHIN NRH OPEN TO ALL STAFF
- REPORTS TO EXECUTIVE COMMITTEE
- EXTERNAL CHAIRPERSON
- CO-ORDINATED BY OCCUPATIONAL HEALTH.

NRH
National Rehabilitation Hospital

In 2012 the senior executive team suggested a working group be created with the aim of improving staff wellbeing following the results of a psychosocial risk assessment.



TOP TIPS FOR ORGANISATIONAL WELLBEING

- GET COMMITMENT FROM THE TOP
- CREATE A MULTIDISCIPLINARY GROUP FROM ACROSS THE ORGANISATION
- REMIND STAFF WHAT WELLBEING INITIATIVES ARE AVAILABLE
- ASK STAFF FOR THEIR IDEAS
- GIVE FEEDBACK OFTEN TO ENGAGE STAFF
- REFRESH THE MULTIDISCIPLINARY GROUP ANNUALLY



MEASURING EFFECTIVENESS

NRH
National Rehabilitation Hospital

Measuring effectiveness of any initiative can be difficult however without it we do not know if the initiative works.

Recently the OH team introduced an emoji system where staff are asked to identify how they felt before undertaking an activity or attending an event and also to feedback how they felt after. Staff pop an emoji in a box before and after an activity.

Staff are also asked to complete a survey every two years to get ongoing feedback. Regular 'pop up information stands' encourage staff to communicate with OH.

HR continue to monitor attendance management and it was found that Staff absence in 2012 fell from 3.38% to 2.45% in 2015.

Rose shared her top tips that have worked for them in NRH and shared that even though they have learned so much in the last 7 years, there is still a huge amount more to learn. She said the OH team are mindful of the ongoing challenges in the workplace and the wellbeing amongst staff is an ongoing journey not a destination.

Physical Wellbeing	Emotional Wellbeing	Social Wellbeing	Intellectual Wellbeing	Spiritual Wellbeing
On site Bootcamp, Pilates, Yoga, Pedometer challenges, walking groups. Staff Health Checks	Employee Assistance Programme.	Cascade Communication System	Monthly Grand Rounds. Journal Clubs. Educational Assist Programme.	Diversity and Inclusion Awareness Training.
Healthy food options, Calorie guide, Food labelling on menus, Happy Heart Award	Staff Recognition Days. Staff "Kindfulness Days	Social Club, Christmas Party/Summer Bar-B-Ques/ Movie nights	Organisational support and encouragement for further education	Multicultural events
On site Smoking Cessation Officers	Staff lunch time "Quiet Times"	National Workplace Wellbeing Days	Journal clubs. Medical Peer Reviews, Lunch and learn talks	Music week
Weight management programmes	Dignity at work training, Conflict management training, PACE training.	Staff Pamper Days	Clinical Supervision	Yoga

Examples of some of the initiatives that are available

Many thanks to Rose for sharing her presentation slides and notes with OHNAI members.

JISC MAIL

Jisc mail is an online forum which discusses OH practice and research. It has over 1,000 subscribers from different countries (including Irish nurses). It is entirely free and the link to subscribe is:

<https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=OCC-HEALTH>



COUNTERFEIT MEDICINES & TRAVEL

USEFUL INFORMATION FOR STAFF & BUSINESS TRAVELLERS

Source:- Medmark Occupational Health Services

Travel medicine isn't all about making sure you get the right injections before you travel. Avoiding becoming ill when abroad may seem intuitive, however, sometimes we may place our complete trust in health systems without being fully aware of the potential risks involved. This article will focus on a growing threat to traveller health and well-being, namely counterfeit medication.

Counterfeit medicine is a real problem which occurs throughout the world. Counterfeit or fake medicines are more readily available in destinations where regulations governing the production of such products are poor.

It is estimated that many countries in Africa and parts of Asia and Latin America have areas where more than 30% of the medicines on sale can be

counterfeit, while other developing markets have less than 10% overall. A reasonable range is between 10% and 30%. Most industrialised countries with effective regulatory systems have a low proportion, i.e. less than 1% of total products are estimated to be fake.

Counterfeit drugs can potentially include any item you might normally be prescribed, including blood pressure medicine, cholesterol lowering agents, analgesics, antibiotics, antihistamines, steroids, and also increasingly anti-malarial medication.

Why are counterfeit drugs potentially dangerous?

The use of counterfeit medicines could lead to potentially serious illness and even death because the agents in the fake medicine may not provide any therapeutic benefit or may have unknown side effects.

The quality of counterfeit medicines will vary and are dangerous for a number of reasons:

1. The medicine may contain toxic ingredients which are harmful or even fatal
2. The medicine may contain little or no active ingredient and be ineffective
3. The medicine may be incorrectly labelled or contain unlabelled ingredients

What should make you suspicious?

1. The medicine usually costs far less compared to the normal price paid at home
2. The packaging may be poor and may have items misspelt on the label
3. The medicine may break apart easily or look poorly prepared
4. The medicine may have a different taste, odour or colour

Advice for Travelers

You should take sufficient medicine with you to cover the duration of the trip. It is particularly important that you are aware that medicines used for the prevention and treatment of malaria are often subject to counterfeiting in countries where malaria is a serious risk.

In the event that further medicines need to be obtained abroad (e.g. if a trip is extended, medicines are lost or stolen or the planned itinerary is changed) you can take steps to reduce the risk from counterfeit medicines.

When obtaining medicine abroad...

1. Carry a copy of all prescription medicines that you are taking.
2. You should know both the proprietary and brand name of any medicine you take (this can be found on the information leaflet contained in the packaging).
3. Only buy medicines from a reputable pharmacy and obtain a receipt.
4. Do not obtain medicines from an open market
5. Make sure you ask the pharmacist about the active ingredient in the medicine and check that it is the same as your own medicine.
6. Make sure that the medicine is in its original packaging.
7. Inspect the package closely, poor quality printing, spelling or labelling may suggest counterfeiting.

In summary, be both aware and vigilant when purchasing medication abroad. The best policy is to bring enough medication with you for your trip and to only use a reputable pharmacy if necessary in the event that more medication is needed. Asking a reputable local source for information, such as a hospital, may be useful. Finally, some travel insurance policies have helplines and may be able to guide you as well.



Comparison of GDPR with the Data Protection Acts 1988 and 2003

	Data Protection Acts	GDPR
Principle of accountability	Implicit	Mandatory
Requirement to keep records of data processing activities	Implicit	Mandatory
Personal data		<p>Personal data now includes automated sources, such as online identifiers and IP addresses.</p> <p>Special categories now include genetic and biometric data.</p>
Consent as a lawful basis for processing data	Opt-out consent was permissible.	<p>Freely given, specific and informed.</p> <p>Pre-ticked boxes unacceptable.</p> <p>Positive opt-in process.</p> <p>Easy way to withdraw consent.</p>
Transparency and privacy notices		<p>More detail required to be provided to individuals, including lawful basis for processing, how their data is processed, the DPO's contact details and the right to complain to the ICO.</p>

Subject access requests	Able to charge patients. 40 days to comply.	Removal of charges (in most cases). One month to comply (in most cases). Records may be requested in electronic format. Encouragement of online access to records.
Individuals' rights		Stronger rights, including the right of erasure (to be forgotten) and the new right of data portability for automated processing
Data breach notification		Must inform DPC without delay and within 72 hours if risk to rights and freedoms of individuals. Data processors must inform data controllers without delay.
Data Protection Officer		Mandatory for all public bodies handling large volumes of special categories of data.
DPIA	Implicit	Mandatory for high risk processing of personal data or when new technologies introduced.
Penalties	For data security breaches.	For any infringement of the GDPR (not just data security breaches).
		Significantly enhanced fines and a right to compensation for data subjects.

COMMITTEE CONTACT DETAILS

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Newsletter articles

Newsletter articles are always welcome and very much appreciated. Topics can include anything from research, health promotion activities in your workplace, wellbeing, advertisements, posters etc.

There is a €100 paid for each published article greater than 400 words. Also any social news - new births/ marriages etc. - is welcome. Please forward anything you want submitted to:
DDEVANE@its.jnj.com

Thank you,
Elaine

ADVERTISING TYPE COSTING

* Newsletter (1/4 A4 page)	€32
* Newsletter (1/2 A4 page)	€65
* Newsletter (1 A4 page)	€130
* Newsletter (insert)	€100
* Conference stand (incl. lunch for one person)	€320
* Insertion of flyer in 'conference pack'	€100
* E-mail	€50
* E-mail and insert in 'job-box' in newsletter	€100
* Flyer (mail shot)	N/A
* OHNAI Website advertisement	€50

All cheques are to be made payable to: OHNAI, PO Box. 5616, Dublin 8.

All payments must be received prior to the publishing/circulation of the advertisement.

OHNAI MEMBERSHIP

If you wish to join there are 3 payment methods available:

1. Cheque payable to the OHNAI P.O. Box 5616 Dublin 8
2. Paypal at www.ohnai.ie
3. Electronic Bank transfer – Allied Irish Bank, Main Street, Malahide.
Sort Code 93-25-23 | Account Number 46900-181
IBAN: IE46 AIBK 9325 2346 9001 81 | BIC: AIBKIED2D

If you have any queries, please contact us via ohnaireland@gmail.com and a committee member will deal with your query.